



UTAH STATE SENATE CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. Name: SENATOR CURT BRAMBLE

2. Employment:

Primary Employer	Brief description of employment	Occupation or job title
BRAMBLE & CO CPA'S	CPA/CONSULTING	CPA

3. Entities which you own or of which you are an officer:

Name of entity	Type of activity conducted by the entity	Your position/interest in the entity
NCSL	LEGISLATIVE ASSOCIATION	VICE PRESIDENT
BRAMBLE & CO CPA'S	CPA CONSULTING	OWNER
ALEXANDER DIGITAL PRINT	PRINT	TREASURER
LATERAL PROTECTION PROGRAM, LLC	HOME SERVICE CONTRACTS	MANAGING MEMBER
INSURE-RITE, INC.	INSURANCE VERIFICATION	VICE-PRESIDENT

4. Each entity that has paid \$5,000 in income to you within the one-year period prior to the date of this form:

Name of entity	Type of activity by the entity
BRAMBLE & CO CPA'S	CPA FIRM
STATE OF UTAH	UTAH SENATE
INSURE-RITE, INC.	INSURANCE VERIFICATION

5. Each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this form (does not include funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds):

Name of entity	Type of activity conducted by the entity
BRAMBLE & CO CPA'S	CPA FIRM
MEDICAL CANNABIS PAYMENT SOLUTIONS	REGISTRATION AND PAYMENT PROCESSING

6. Organization or entity, other than listed above, for which you serve on the board of directors or in any other formal advisory capacity:

Name of entity	Type of activity conducted by the entity	Your position/interest in the entity
UTAH COUNTY LEG PAC	PAC	TRUSTEE
IHC URBAN SOUTH	HOSPITAL	BOARD MEMBER
NCSL & NCSL FOUNDATION	LEGISLATIVE ASSOCIATION	BOARD MEMBER
UTAH SPORTS COMMISSION	SPORTING EVENTS	BOARD MEMBER
BALLET WEST	BALLET	BOARD MEMBER
MEDICAL CANNABIS PAYMENT SOLUTION	REGISTRATION & PAYMENT PROCESSING	ADVISORY BOARD

7. Real property in which you hold an owner or other financial interest that you believe may constitute a conflict of *interest (optional)*:

Description of real property	Description of interest held
RESIDENTIAL CONDO - PROVO	OWNER/LANDLORD
RESIDENTIAL TOWN HOME - PROVO	

8. Name of spouse and any other adult residing in your household that is not related by blood or marriage:

SUSAN BRAMBLE

9. Information for your spouse and any other adult residing in your household that is not related to you by blood or marriage, as applicable:

Name	Brief description of employment	Occupation
SUSAN BRAMBLE	NONE	NONE

10. Any other matter or interest you believe may constitute a conflict of interest:

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I certify that I believe the information provided in this form is true and accurate to the best of my knowledge:

(Signature) S/CURT BRAMBLE (Date) 1/21/2014

Received by the Secretary of the Senate:

(Signature) S/LESLIE MCLEAN (Date) 1/21/2014

